

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1"> <tr><td>Application Number</td><td>10/736,889-Conf. #5738</td></tr> <tr><td>Filing Date</td><td>December 15, 2003</td></tr> <tr><td>First Named Inventor</td><td>Elias GEORGES</td></tr> <tr><td>Art Unit</td><td>1642</td></tr> <tr><td>Examiner Name</td><td>L. Yao</td></tr> <tr><td>Attorney Docket Number</td><td>0112418.00147US2</td></tr> </table>	Application Number	10/736,889-Conf. #5738	Filing Date	December 15, 2003	First Named Inventor	Elias GEORGES	Art Unit	1642	Examiner Name	L. Yao	Attorney Docket Number	0112418.00147US2
Application Number	10/736,889-Conf. #5738												
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First Named Inventor	Elias GEORGES												
Art Unit	1642												
Examiner Name	L. Yao												
Attorney Docket Number	0112418.00147US2												

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners of record associated with Customer Number: 23483

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input checked="" type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. **WARNING: If a box is left unchecked, the request will likely not be approved.**

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

B. Marco Lestage, MBA, Adm.A.

Address 2, complexe Desjardins, Suite 1717, P.O. Box 760, Desjardins Postal Station

City	Montreal	State	QC	Zip	H5B 1B8	Country	CA
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Telephone	Email
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /David A. Chavous/

Name	David A. Chavous	Registration No.	66,047
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Address Wilmer Cutler Pickering Hale and Dorr LLP
60 State Street

City	Boston	State	MA	Zip	02109	Country	US
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Date	December 13, 2010	Telephone No.	(617) 526-6000
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NOTE: Withdrawal is effective when approved rather than when received.